## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999

Application or Docket Number

09/604.6777

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE [22]		OR	OTHER THAN OR SMALL ENTITY	
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE		RATE	FEE
BASIC FEE										345.00	OR		690.00
TOTAL CLAIMS			-7 minus 20=						X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS 2 minus 3 =					3 =	•			X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT								+130=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2								L	TOTAL		OR	TOTAL	(5,0
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A	REN A		IIMS LINING FER DMENT		Pf	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	7	Minus		20	=		X\$ 9=		OR	X\$18=	
	Independent	بي ا	2	Minus	•••	• 3	=		X39=		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+130=		OR	+260=	
												TOTAL ADDIT. FEE	
ADDIT. FEE ON ADDIT. FE													
AMENDMENT B		REMA AF	NMS NNING TER DMENT		P	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•		Minus			=		XS 9=		OR	X\$18=	
	Independent	·		Minus	••		=		X39=		OR	X78=	
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130=		OR	+260=	
									TOTAL ADDIT FEE		OR	TOTAL ADDIT FEE	
			mn 1)		((	Column 2)	(Column 3)	<b>_</b>			_		
AMENDMENT C		REMA AF	AIMS AINING TER DMENT		Р	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· _		Minus		· · · · · · · · · · · · · · · · · · ·	=	] [	XS 9=		OR	X\$18=	
	Independent	<u> </u>		Minus			<u></u>	1	X39=		OR	X78=	
Ĥ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								÷130=		1	+260=	<b></b>
1 If the entry in column 1 is less than the entry in column 2, write 10 in column 3. TOTAL 11 fine "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 120, 400 F.E.E.											OR	TOTAL	
l ···	If the "Hignest No	mber Pre	relousiv P	aid For IN TH	S SF	PACE is less th	an 3, enter 3 "		ADD/T FEE	L	OR	ADDIT FEE	
	The "Highest Nur	ntier Prev	rously Pa	id For" :Total c	אר ניים	econient; is to	e nighest nunit	oet to:	art in the ap	orophale bo	X III CO	sumn 1	